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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Orientation and Mobility (O&M) Referral**   |
| **Customer Information (required)**  |
| VR Counselor or Independent Living Services for Older Individuals who are Blind (ILS-OIB) worker name:      | Caseload Number:       | Office Number:(   )       |
| O&M Provider:      | Date of Referral:      |
| Customer Name:      | DOB:      | Primary Language:      |
| Customer Address:      | City:      | State:      | ZIP Code:      |
| Telephone Number:(   )       | Alternate Contact:(   )       |
| Best Day(s) to Contact (if known):      |
| Customer’s and/or VR Counselor or IL/OIB worker travel concerns:       |
| **Reason for Request (required)**  |
| O&M Goal(s) of the Customer: *check box(s) below that may apply*   |
| [ ]  Guided technique(s) [ ]  Evaluation purposes only[ ]  Orientation to home[ ]  Orientation to surrounding community[ ]  Basic indoor cane skills[ ]  Residential travel[ ]  Semi-business travel[ ]  Negotiate stairs | [ ]  Orientation Skills with dog guide[ ]  Use of Para transit[ ]  Business travel [ ]  Dog guide information[ ]  Travel in familiar areas[ ]  Travel to unfamiliar areas[ ]  Unsure if O&M Skills are neededOther O&M goals (please describe)      |
| **Circumstances that May Impact Services (required)**  |
| Visual Diagnosis:       | Secondary Disability:      |
| If secondary disability is deaf blindness, what is the customer’s primary form of communication?      |
| **Helpful Information (complete if known)**  |
| Level of Education:      | Known Health Issues/ Safety Concerns:      |
| Visual Acuity:      | OD:      | OS:      | Visual Fields:      |
| Additional Information:       |